

Effective Counseling Techniques for Elementary School Counselors

PRESENTED BY:

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Agenda

- u Cover Texas Model for Comprehensive School Counseling Programs Guide
- u Review Children's Physical, Cognitive, Emotional, and Moral Development
- u Play Therapy Theoretical Background
- u General Models of Conceptualizing Child Psychopathology
- u Review theoretical approaches
 - u Humanistic/Child Centered Play Therapy (CCPT)
 - u Solution-Focused Play Therapy (SFPT)
 - u Adlerian Play Therapy
 - u Cognitive Behavioral Play Therapy (CBPT)
- u Discuss case vignettes for each approach
- u Share and experience appropriate creative interventions for presenting problem
- u Final Points

Group Activity/Ice Breaker

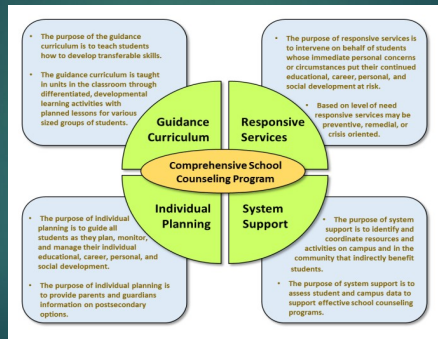
- u Puzzle

Texas Model for Comprehensive School Counseling Programs Guide

- u Components specified in (TEC §33.005) Texas Education Code that is responsive to local needs include:
 - u Guidance Curriculum
 - u Responsive Services (our presentation material fits within this domain)
 - u Individual Planning
 - u System Support

The Texas Model for Comprehensive School Counseling Programs (2018).

Texas School Counseling Model 4 Service Delivery Components



Brief Description of Service Delivery Components Guidance Curriculum

- u Guidance Curriculum
 - u Systematically providing lessons to students that facilitate growth, development, and transferable skills in the areas of educational, career, personal, and social development.
- u Responsive Services
 - u Supporting students in their time of need.
 - u Three levels
 - u Prevention,
 - u Remediation, and
 - u Crisis, to needed or critical situations.
 - u Communication and collaboration with campus and district level administrators.
 - u Includes consultation with teachers, parents, and others who can assist the student with problematic issues.
 - u Referral to community services outside the school may be considered.

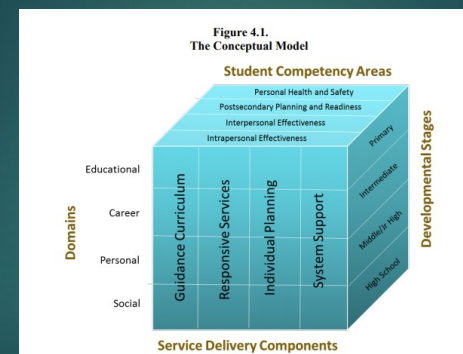
The Texas Model for Comprehensive School Counseling Programs (2018, pp. 79-80)

Brief Description of Service Delivery Components Guidance Curriculum (cont.)

- u Individual Planning
 - u Assist students in developing and addressing academic, career, personal, and social goals.
- u System Support
 - u Categorized in two areas:
 - u program management activities and
 - u support services.
 - u The foundation of the school counseling program.

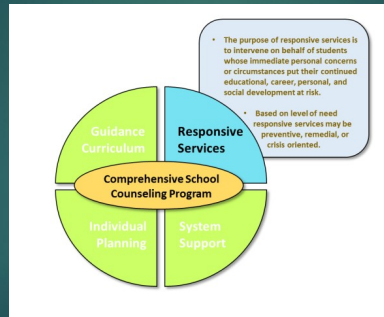
The Texas Model for Comprehensive School Counseling Programs (2018, pp.79-80)

The Conceptual Model



The Texas Model for Comprehensive School Counseling Programs (2018, p. 78)

Detailed Description of Responsive Services



The Texas Model for Comprehensive School Counseling Programs (2018, p. 89).

Responsive Services May Be Classified As:

- u Preventive Services.
 - u Students receive support for the development or enhancement of foundational skills.
 - u Targets students who are on the verge of choosing an unhealthy or inappropriate solution to their problems.
 - u Removes barriers that may interfere with student's educational career, personal, and social development
- u Remedial Services.
 - u School counselors take a closer look at precipitating and antecedent factors,
 - u Interventions are developed to assist students
- u Crisis Services.
 - u Interventions and actions are taken to ensure that the health, well-being, and safety of students
 - u A school counselor intercedes in crisis scenarios using specialized skills.
 - u Consultation with campus and district administrators to confirm actions that were taken.

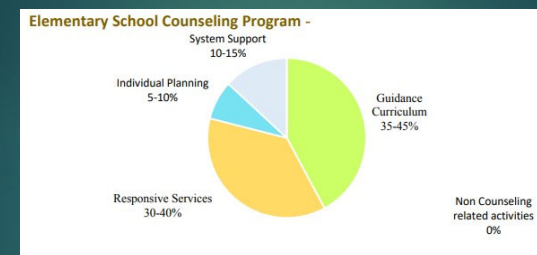
The Texas Model for Comprehensive School Counseling Programs (2018, pp. 90-91)

Topics Covered Under Responsive Services

Responsive Services Topics			
abuse or neglect (self/ family member)	cross cultural effectiveness	grief/loss/death and dying	study skills
academic failure/success	death of a family member or friend	harassment issues and peer relationships	substance use
attendance	deployment, transitions, and attending a new school	school-age pregnancy, teen dating, intimate partner violence/issues	suicide and self-harm threats
bullying, conflict, and harassment issues	divorce/single parent households	school attitudes and behaviors	suicide prevention, intervention, and post-vention
child abuse and neglect	emergent issues in intervention or post-vention of a traumatic event	school drop-outs and truancy	transition events (grade levels, school to work, etc.)
college or career choice, indecision, and financial aid	gang pressures or involvement	stress and anxiety	violence and school safety

The Texas Model for Comprehensive School Counseling Programs (2018, p. 91)

Recommended Program Balance Distribution



The Texas Model for Comprehensive School Counseling Programs (2018, p. 133)

Recommended Program Balance Distribution

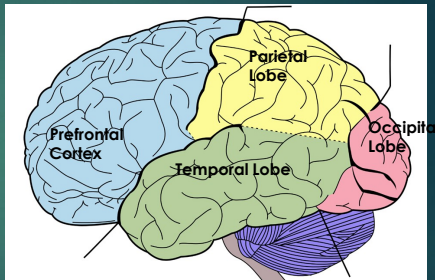
Desired Program Balance	Weekly Activity Slots x Component %	Activity Slots per Components
Guidance Curriculum-35%	35 activity slots x 35% =	12.25 weekly activity slots
Responsive Services-40%	35 activity slots x 40% =	14 weekly activity slots
Individual Planning-15%	35 activity slots x 15% =	5.25 weekly activity slots
System Support-10%	35 activity slots x 10% =	3.5 weekly activity slots

The Texas Model for Comprehensive School Counseling Programs (2018, p. 121).

Review of Children's Physical, Cognitive, Emotional & Moral Development

Physical Development Prefrontal Cortex

- Involved in the control of
 - emotions,
 - decision-making,
 - long-term planning, and
 - higher-order cognitive functions
- Continues to develop into the late teens/early 20s



Brain Development

[HTTP://WWW.YOUTUBE.COM/WATCH?V=VNNSN9IJKW&list=PL0DB506DEF92B634Z](http://www.youtube.com/watch?v=VNNSN9IJKW&list=PL0DB506DEF92B634Z)

Cognitive Development— Piaget's Constructivist Theory

- u Dependent on biological maturity and experience
- u Key Concepts:
 - u Equilibrium—motivates children to develop cognitively
 - u Disequilibrium resolved via:
 - Assimilation—incorporation of new info into existing cognitive schemas (e.g., seeing a pelican and believing it is a turkey)
 - Accommodation—modifying current schemas to account for new info (e.g., personal growth/paradigm shift/noticing pelicans differ from turkeys)

Piaget's 4 Stages of Cognitive Development

- u Sensorimotor (0-2 yo)
 - u Learns via sensory info and motor activity
 - u Key accomplishments
 - Representational thought
 - Object Permanence—object still exists even when not visible
 - Deferred imitation—ability to imitate observed act at a later point in time

Piaget's 4 Stages of Cognitive Development

- u Preoperational (2-7yo)
 - u Characterized by symbolic function which leads to:
 - Increase in language use
 - Participation in symbolic play
 - Solving problems
 - Symbolic representation* – use of actions, images, words, to represent past and present events, experiences, and concepts

Piaget's 4 Stages of Cognitive Development (cont)

- u Preoperational (2-7yo) Key Concepts
 - u Thinking is limited by:
 - Transductive reasoning—seeing connections between unrelated instances
 - Egocentrism
 - Transductive reasoning and egocentrism underlies magical thinking and animism: belief that objects have thoughts, feelings, and other lifelike qualities
 - Inability to conserve (understanding that changing the form of a substance/object does not change its amount, volume, or mass) due to:
 - Centration—tendency to focus on one salient aspect of a situation and ignore other aspects
 - Irreversibility—inability to understand that actions can be reversed
 - Thinking is perception-based, rather than logic-based

Group Discussion

- u How do the limitations of preoperational thinking limit therapist's ability to conduct traditional therapy for children?
- u Considering the preoperational stage in children (2-5/7), what would be the best way to teach these children?

Piaget's 4 Stages of Cognitive Development (cont.)

- u Concrete Operational (7-12 yo)
 - u Child can think logically when dealing with concrete tangible information
 - u Cannot process abstract information
 - u Conservation characterized by decentration and irreversibility
 - u able to sort out objects into hierarchies
- u Formal Operational (12+ yo)
 - u Can think logically including abstract info; hence development of abstract reasoning
 - u Renewed egocentrism (Adolescent Egocentrism)
 - Imaginary Audience—belief that others are as concerned and critical of their behavior
 - Personal Fable—belief that he/she is unique and indestructible

Group Discussion

- u Considering the concrete operational stage in children (5/7-12), what would be the best way to teach these children?

Vygotsky's Social Cultural Theory

- u Cognition is dependent on the social, cultural, and historical context
- u Learning occurs in one of 2 ways:
 - u Interpersonal (between 2 people) and
 - u Intrapersonal (within a person)
- u Key Terms
 - u Private Speech
 - initially use overt (spoken aloud) speech and then becomes covert (silent)
 - u Zone of Proximal Development
 - the gap between what a child can currently do and what they can accomplish with help from others
 - learning occurs most rapidly when teaching is within this zone
 - u Scaffolding
 - modeling, providing physical and verbal prompts, asking questions

Personality Development— Temperament

(Thomas & Chess, 1991)

- u A child's basic behavioral patterns and style has a strong genetic component
- u Temperament is most stable over the lifespan
- u Can directly impact/affect the quality of early parent-child interactions
 - Thus, matching between child's temperament and parent's response is critical
- 3 styles (65% of children can be categorized in one of these styles; 35% are combo of all 3; and range in intensity)
 - u Easy/flexible (40%)
 - u Regular sleeping and eating habits, adaptable, calm, and not easily upset
 - u Active/feisty (10%)
 - u Fussy, irregular sleeping and eating habits, fearful of new people and situations, easily upset by noise/stimulation, intense reactions
 - u Slow to warm/cautious (15%)
 - u Less active, fussy, withdraw or react negatively to new situations, may become more positive with repeated exposure to new person, object, or situation

Identity Development

- u Physical Self (3-9 yo)
 - u "I am a girl"
- u Active Self (9-12 yo)
 - u "I play soccer"
- u Social Self (12-15 yo)
 - u "I am friendly"
- u Psychological Self (15+ yo)
 - u "I am sensitive to other's feelings"

Coping with Feelings and Emotions

- u One of the fundamental tasks of young childhood is learning to regulate emotions in acceptable ways.
- u Children must learn to deal with guilt, shame, fear, anxiety, anger.
- u These feelings are normal and can serve a useful purpose.
- u Children should feel guilt when their behavior violates social norms and they should feel shame when they fail to live up to reasonable expectations of themselves.

Emotional Regulation

- u Learning to Restrain Emotions
 - u Learning to manage anger is especially important.
 - u Children who are having temper tantrums at age 10 will have problems as adults.
 - u Children also need to learn to restrain their positive emotions and to express them in socially acceptable ways.

Kohlberg's Moral Development in Children

- u Preconventional
 - u Stage 1—Punishment and Obedience
 - Obey rules to avoid punishment
 - u Stage 2—Instrumental Hedonistic
 - Obey to receive a reward, recognition
 - u Conventional (10-11 yo)
 - u Stage 3—Maintaining good relations/approval
 - Conform to avoid disapproval/dislike of others
 - The correct action is the one that is approved/liked by others
 - u Stage 4—Law and Order, Authority Maintaining
 - Conform to avoid censure; guilt
 - The correct action is the one that is consistent with laws and rules
- ***Some/most people never go beyond Stage 4

Moral Development in Children (Kohlberg)

- u Post-Conventional (late adolescence/early adulthood)
 - u Stage 5—Social Contract & Individual Rights
 - Correct action is consistent with democratically chosen laws which can be changed for a valid reason
 - u Stage 6—Universal Ethical Principles
 - Correct action is consistent with universal ethical principles, especially justice and fairness

Group Discussion

- u How do you think understanding children's
 - physical,
 - cognitive,
 - social
 - personality
 - identity
 - emotional, and moral development

Would help in utilizing play therapy?

Points to Consider When Deciding on A Theoretical Approach

- u Cognitive development of the child
- u Social development of the child
- u Personality of the child
- u Emotional vocabulary of the child
- u Moral Development of the child
- u Presenting concern
- u Level of support

Continuum of Play Therapy



Clarification between toys/activities and therapy

- u It's not about the toys, it's about your approach and how you interpret the child's play.

Suggested Toys for Play Therapy

- u ***Scary**
 - u Deals with reality-based and fantasy-based fears (e.g., snakes, dragons, dinosaurs)
- u ***Family/Nurturing**
 - u Explore family relationships, interactions with parents and siblings, and nurturing issues (e.g., doll house, kitchen, baby dolls)
- u **Aggressive**
 - u Express feelings of anger and fear, learn to symbolically act out aggression, protect themselves from threats, explore issues of power and control (e.g., punching bag, weapons, handcuffs, soldiers)
- u **Expressive**
 - u Explore relationships, express feelings and creativity, symbolically work out problems (e.g., crayons, scissors, play dough, paints)
- u ***Pretend/fantasy**
 - u Explore different roles, try alternate behaviors and roles, explore relationships and ideas (e.g., dress ups, telephone, doctor's kit, cash register, sand box)



* Different from CCPT

Group Discussion

- u What is your current theoretical orientation?

PLAY THERAPY THEORETICAL BACKGROUND



Children will not remain in therapy unless they like the therapist and enjoy the therapeutic process... Children will not continue treatment if they are bored and cannot easily express themselves or if the therapist does not succeed in stimulating their curiosity, motivation and participation.

-Jean Piaget

Premise for Play Therapy

- u Children lack the ability to use verbal symbols or words to communicate or resolve their issues
- u Children are believed to conceptualize their world at a much higher level than their verbal development may lead us to believe.
- u Children can approach serious matters with less anxiety (Carmichael, 2006)

What is Play Therapy?

- u The use of toys takes the place of words and helps the child in expressing their emotions.
- u Play therapy no longer encompasses the simple use of toys for communication in a playroom.
- u More expressive forms of therapy are utilized (i.e. art, music, dance, drama, movement, poetry, and storytelling).

Play Therapy Child Limitations

- u All theories believe the following, to a certain degree:
- u Children should not be allowed to:
 - u hurt the therapist
 - u destroy property
 - u violate time restraints
 - u take toys from the playroom
- u Children must be contained/restricted when they become extremely aggressive in order to protect them physically and emotionally (Psychoanalytic PT)

General Models: Conceptualizing Child Psychopathology

- u **Biological Models:**
 - u The brain and its neurotransmitters, neuroanatomy, and genetic predispositions are involved in behavior.
- u **Psychological Models:**
 - u Inborn drives, temperament, view of personality structure, attachment relationships, and emotional influences also play important roles in the behavior of children.
- u **Behavioral Models:**
 - u External influences, learning maladaptive responses, and not acquiring appropriate responses. Excessive or inadequate reinforcement are also involved in the demonstrations of behavior.

General Models: Conceptualizing Child Psychopathology

- u **Cognitive Models:**
 - u There is an internally learned pattern of irrational thinking or negative self-statements. There can be distorted or deficient cognitive structures.
- u **School Models:**
 - u The school is a contributor to the effects that can alter relationships in school and home. It can also foster maladaptive behaviors.
- u **Family Models:**
 - u Family systems, dynamics, negative interactions, dysfunction and parenting are also part of the total cognition and behavior of the child.

Group Discussion

- u Why is it important to consider all of these models when conceptualizing child psychopathology?



Humanistic/Child Centered Play Therapy

- u Landreth (1991) states, "Child-centered play therapy is an attitude, a philosophy, and a way of being" (p.55) (as cited in Carmicheal, 2006, p.108).
- u Provides the client with empathy, unconditional positive regard, and genuine concern & feedback
- u Utilizes reflective listening and requires that the therapist give voice to the underlying feelings experienced by the client.
- u Maladaptive behavior is the child's lack of awareness/understanding of his/her feelings

Humanistic/Child Centered Play Therapy

- u Assumes that each child is competent and has the ability to solve their own problems/handle life's challenges
- u Therapist intervention/direction is considered detrimental to child's growth & progress
- u Focus of therapy is on child not reported problem

Humanistic/CCPT Therapists' Role

- u Create an environment conducive to the healing process – an environment that stresses Roger's core conditions.
- u "Sensitive understanding" (Landreth, 2002) is giving voice to the child's underlying feelings/emotions.
- u Trust the child-centered process

School Counselors . .



AIN'T
NOBODY
GOT TIME
FOR THAT

Still, Humanistic/CCPT Techniques should not be discounted

- u Roger's Core Conditions
- u Tracking Behavior
- u Reflection of feelings
- u Reflection of meaning

Humanistic/CCPT Counselor's Role

- u Create an environment conducive to the healing process – an environment that stresses Roger's core conditions.
- u "Sensitive understanding" (Landreth, 2002) is giving voice to the child's underlying feelings/emotions.
- u Maladaptive behavior is the child's lack of awareness/understanding of his/her feelings
- u Trust the child-centered process

Humanistic/CCPT Children Objectives

- u Develop an optimistic perception of self
- u Take on greater responsibility for self
- u Become capable of directing self
- u Be able to accept his/her own strengths and weaknesses
- u Become more self-reliant
- u Demonstrate the ability to make personal decisions
- u Express a sense of self-control
- u Know when and how to cope with life's situations
- u Develop an internalized sense of right and wrong
- u Learn to trust his/her self (Landreth, 2002)

Group Discussion

- u What are the pros and cons of CCPT?

Midway Break Time

Child Centered Play Therapy Vignette

- u Janet is an 11 year-old girl who was referred to see you because she has become very angry and reporting a lack of sleep due to nightmares. Thus, she is also having difficulty concentrating in class. Janet's brother recently died as a result of an accident. Her young cousin discovered a gun in their father's home and accidentally shot her brother. Janet and her brother had visitation with their father that weekend. Janet did not witness the event, however she did see EMT arrive to try and revive her brother and take him away in the ambulance.

Helping the Grieving Child

- u Children exposed to trauma have difficulty restructuring and recalling traumatic events due to the decreased function of the brain that is responsible for language processing and higher cognitive functioning.
- u To effectively negate trauma's affect on the brain, the therapeutic interventions must impact the same parts of the brain affected by the trauma.
- u **Expressive therapies** lead to an integration of these higher and deeper response centers of the brain.

Helping the Grieving Child

- u Words don't always work
- u Inherent in each child is the knowledge to heal
- u Children narrate their stories through play
- u Activities that call upon multiple sensory awareness responses

The child will show you what they need. Help reframe challenging behavior and find controlled, safe ways to "act out."

On the Spot Interventions

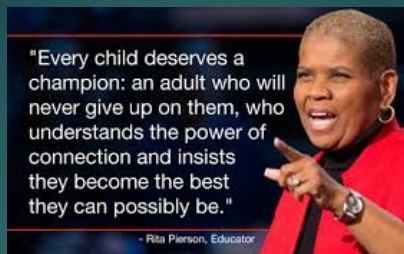
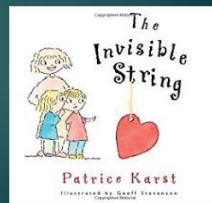
- u Paper, Markers, Paints, & other art supplies
- u Mandalas (draw within a circle) or Coloring Books
- u Sand Boxes with Small Toys
- u Bubble Wrap, Phone Books, Paper in a Box
- u Playdough/Squeeze Balls
- u Puppets/Stuffed Animals
- u Self-Soothing Measures/Relaxation/Bubbles
- u Transitional Objects/Worry Stones

On the Spot Interventions

- u Journals (written, illustrative, collage, photos)
- u Sharing Photos
- u Playlist of my/their Life
- u Memory Box
- u Dream Catchers

Heart Strings Activity

- u Read [The Invisible String](#) by Patrice Karst
- u Who all are you connected to?
- u Make hearts of all sizes and write the names of your loved ones on them
- u Connect them to your heart with string



Solution-Focused Play Therapy

INSOO KIM BERG & THERESE STEINER

<https://www.youtube.com/watch?v=5FnM1HhKdkw>

Key Concepts of Solution-Focused Play Therapy

1. Every child is unique.
2. Children have the inherent strength and resources to help themselves.
3. Nothing is all negative.
 - u "What has kept you going?"
4. You cannot change children; they can only change themselves.
5. Solution-focused therapy goes slowly.
 - u Work on small goals first.



Lipchik (2012)

Key Concepts of Solution-Focused Therapy

6. Solutions do not necessarily have anything to do with the problem.
 - u You should still try to understand the problem, but problem-saturated stories can keep clients stuck.
7. Emotions are part of every problem and every solution.
 - u Clients must be understood before they can move forward.
8. Change is constant and inevitable; a small change can lead to bigger changes.
9. One can't change the past, so one should concentrate on the future.
 - u How can clients move forward from the past?

Lipchik (2012)

Stages in SFPT

1. Describing the problem
2. Exploring for exceptions
3. Developing well-formed goals
4. End of session feedback
5. Evaluating client progress



Stage Description

Stage 1: Describing the Problem

- u Discuss presenting issue with child's teacher and parent (if available)
- u Always ask about child's strengths and exceptions to problem

Stage 2: Exploring Exceptions

- u Find times when the problem didn't exist or when child chose to do something different
- u In sessions with child:
 - u As child is acting out a story with puppets, the doll house, medical kit, etc.: "Is there a time when [the problem] doesn't happen?" "What is different when [the puppet] doesn't get mad?"
 - u Create a sandtray of a time when you [didn't get mad].

Stage Description (cont.)

Stage 3: Developing Well-Formed Goals

- u Provides a framework for therapy – very important!
- u Young children may not have a goal, but teachers will have ideas of goals you can discuss with child
- u Ex., using compliments and coping questions, homework

Specific	•What behaviors will change?
Measurable	•How will they change?
Achievable	•Is it doable?
Relevant	•Does it fit child's needs right now?
Timely	•Can it be accomplished in the time available?

Stage Description (cont.)

Stage 4: End of Session Feedback

- u Provides children with summary of session including:
 - u Summary of progress made since last session, what you did in session, strengths noticed in session, and homework plans.
 - u White board – list of strengths
 - u Mutual letter writing – what client learned/strengths you noticed
 - u Compliments – let child know that they are part of the solution; Example: https://www.youtube.com/watch?v=5dXa_1PSbsA

Stage Description (cont.)

Stage 5: Evaluating Client Progress

- u Play Scaling – Helps child to rate themselves on a goal or presenting issue
 - u Create a scale of 0-10 on the white board or scaling sheet
 - u Ask child to define 0 and 10 (e.g., "What does not being angry look like?" "What does being really angry look like?")
 - u "Where are you on the scale right now?" (can draw picture, create sandtray, or use puppets to show this)
 - u Most important: "What did you do to get to [that number]?"
- u Caregiver/Teacher Check Ins – Discuss progress with parents; child can share pictures, experiences, and what she/he has learned; ask about progress at home.

Solution Focused PT Interventions

- u Best case scenario
- u Future portrait
- u Miracle question using sandtray: "Create a scene of what would happen if a miracle happened and [the problem] didn't exist."
- u Joining – Helps to build relationship; both you and client do these activities
 - u Choose a miniature or toy that represents you, self-mandala, three cool things, Manifest Your Magnificence cards
- u Visualizing Change – Helps child to express change she/he would like to see
 - u Dream board, futuresandtray
 - u Reflecting: "You want the bear to stay away!"

Solution-Focused Play Therapy Vignette

David is an 8-year-old boy who has been referred to your office for defiance and impulsivity. David describes difficulties with focusing and sitting still in class. He recognizes that he is able to 'hyper focus' on some activities of interest; however, he often has difficulty sustaining his attention at school. His parents and teacher indicate that David is restless, and often requires reminders to help him stay on task. He is described as "constantly running around" and presenting with difficulties listening and following instructions. David's teacher indicates that he often blurts out answers and interrupts other students in the classroom. David recognizes this tendency in himself, but says that he 'can't stop' in spite of his best intentions.

Understanding a Child with ADHD and/or Oppositional Defiant Dis.

Forty percent of children with ADHD also develop oppositional defiant disorder (ODD), a condition marked by chronic aggression, frequent outbursts, and a tendency to argue, ignore requests, and engage in annoying behavior.

- u These children are most comfortable when they're in the middle of a conflict.
- u They misbehave not because they're intentionally oppositional, but because they can't control their impulses.
- u Since oppositional behavior is often related to stress, you have to address the source of the stress — the ADHD symptoms — before turning to behavioral issues.

Helping a Child with ADHD and/or Oppositional Defiant Disorder

- u Knowing how to respond to outbursts and bad behavior, as well as how to effectively discipline your child, is essential to helping her learn to manage herself.
- u Individual and family therapy that may include social skills training or cognitive problem-solving skills training is another important tool.
- u Positive reinforcement and consistency is key!
- u Establish clear, pre-determined consequences for misbehavior.
- u Help children visualize their best selves and develop a road map for how to achieve their goal.

"Best Case Scenario" Experiential Activity

Materials needed: crayons and paper

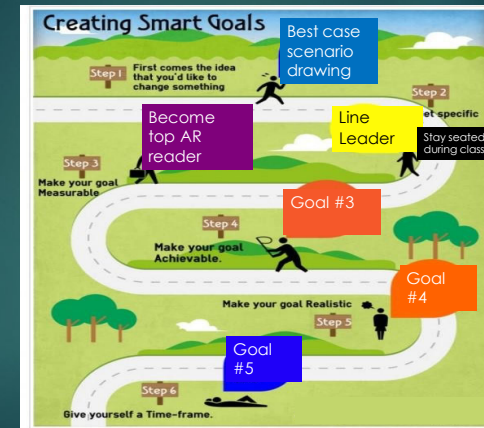
Purpose: Goal-setting

Prompt: Imagine that after we finish here, you go home tonight, watch TV, do your usual chores, etc., and then go to bed and to sleep...and while you are sleeping, a miracle happens...and, the problems that brought you here are solved, just like that! But, this happens while you are sleeping, so you cannot know that it has happened. Once you wake up in the morning, how will you notice that this miracle has happened to you? "

Draw a picture for me of the miracle that you see.

Process the Drawing

1. What can you tell me about your picture?
2. When was the most recent time (perhaps days, hours, weeks) that you can remember when things were sort of like this day after the miracle?
3. On a scale from 0 to 10, with 10 standing for how things are the day after the miracle and 0 standing for the time when your problem got you in trouble, where – between 0 and 10- are you at this point?
4. On the same scale, where would you say things were when things were sort of like this miracle day?
5. So, what is better?
6. What could you begin to do to make your miracle day a reality?



On the Spot Interventions

- u Use of behavioral strategies, specifically operant conditioning techniques
 - Operant Extinction
 - Positive Reinforcement
 - Premack Principle
 - Punishment
 - Response Cost
 - Overcorrection
 - Combo of punishment and reinforcement
 - Contingency Contract

Additional Activities for Goal-Setting

- u Sandtray – “create a scene in the sand that reflects your ideal world”
- u Rocks in your backpack – assign a problem to a corresponding rock and put them in order of priority based on size



Introduction to Adlerian Play Therapy by Terry Kottman

- u <https://www.youtube.com/watch?v=TiF-DTS6aF0>

Adlerian Play Therapy

- u Adlerians believe all people and their behavior are goal directed and need to make choices.
- u Become aware of child's unique interpretation of reality (phenomenology), that is based on previous experiences.
 - u E.g., these contexts are known as "boxes"/categories
 - u Smart child
 - u Lazy child
 - u Good child
 - u Bad child
 - u Phobic child (Kottman, 2003)
- u Help child explore alternative perceptions or perspectives of his/her experience

Adlerian Play Therapy--Goals of Misbehavior

- u Ask teachers, what their gut feeling is about the behavior their child is displaying.
- u This will give the therapist a clue about the child's goal of misbehavior.
- u Attention getting
 - u Take roles such as movie star, rock singer, or sports hero
- u Power seeking
 - u Takes role of leadership/boss like military commander, president, school principal, or sheriff
- u Seeking revenge
 - u Children beat/break toys
 - u Destruction is the theme
- u Inadequacy
 - u Withdraw, silent, play tentatively or engage in solitary activity

Adlerian Play Therapy--Therapists' Role

- u Roger's core conditions are important to implement.
- u Major goal is to motivate the child toward self-understanding and insight
- u Teach alternative ways to attain goals with positive behavior by:
 - u brainstorming,
 - u problem solving, and
 - u communication skills
- u Help the child gain self-control
- u Provide a balance of freedom and boundaries
- u Help teachers implement skills of encouragement and other techniques to help their child sustain their healthy change

Adlerian Play Therapy--Therapist Techniques

- u Tracking behavior
- u Paraphrasing
- u Reflecting feelings
- u Questioning
 - u Answering and asking open-ended questions
 - u Focus on the present
- u Interaction
- u Collaboration
- u Encouragement
- u Limit setting
- u Logical/natural consequences
- u Natural consequences should not endanger the child but provide discomfort
 - u Parent and child should agree what will happen if rule/limit is violated
- u Tentative hypotheses
- u Interpretation
- u Metaphors
- u Art techniques
- u Confrontation
- u Immediacy
- u Humor

Adlerian Play Therapy Session

- u <https://video-alexanderstreet-com.ezhost.utrgv.edu/watch/adlerian-play-therapy>

Group Discussion

- u What are the pros and cons of Adlerian PT?

Adlerian Play Therapy—Helping Child Gain Insight

- u Metacommunication – about behavior, meaning of an event, pattern across sessions, lifestyle theme (e.g., “You looked over here like you were checking whether it was OK with me if you played with the dolls.”)
- u Metaphors – using child's metaphors, bibliotherapy, mutual storytelling, puppets
- u Directive activities to help child gain insight – expressive art, music, movement and dance, role playing, sandtray



Adlerian Play Therapy Vignette

Juan is a 10-year-old boy who witnessed his younger brother be physically abused by his step-father. His teacher requests that you see him because he is failing several classes, is withdrawn, and not following directions. Further, he is unable to sit still in his chair. His teacher reports that when she asks Juan if he needs help completing his assignments, he says that he does not need the help and that he understands everything. Juan also frequently requests to leave class to visit his younger brother who attends the same school.

Helping a Child with Anxiety

- u Pay attention to their feelings. Ex: "I notice that you look worried"
- u Don't encourage the child to ignore or push away their anxious feelings.
- u Recognize the child's achievements.
- u Encourage the child to participate in extracurricular activities.
- u Maintain routine whenever possible. Be consistent.
- u Help the child modify their expectations and accept they cannot control everything.
- u Plan the day and plan how to deal with changes to the plan. Teach the child flexibility.
- u Encourage the child to eat right, exercise, and get plenty of sleep.
- u Maintain a positive attitude.
- u Help the child learn to relax

"Worry Strings"--Experiential Activity

Materials Needed: ball of yarn, scissors, paper, pen, tape

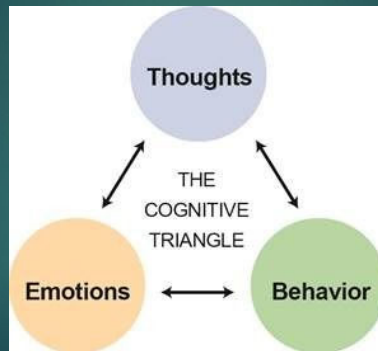
Purpose: To identify and visualize underlying worries

Instructions: Ask student to think about all the things that they worry about. Write down a list of the worries for the student and cut them out so that you have a strip of paper for each worry. Pick up one strip of paper and read out the worry. Ask the student to think about the size of the worry and reflect the size according to the length of a string of yarn. Attach the piece of paper to the string of yarn. Repeat for each worry. Gather all the string with worries attached and place them in the palm of student's hands. Ask them to describe what they see (how does it feel?, does it look like a lot or a little?, is it heavy or light?, etc.). Share your reflection of how tangled it appears and how all of their worries are tangled in their minds, which prevents them from focusing on what is important. Help them "cut down" their worry strings by developing a way to cope with each worry.

Additional Activities for Anxiety

- u Safe Place Activity followed by Writing Letter to Safe place
- u Mindjar
- u Create a worry box
- u Read *You've Got Dragons* and ask student to draw a picture of their "dragon"
 - u <https://www.youtube.com/watch?v=OVY6F7mqQIY>
- u Progressive Muscle Relaxation

Cognitive Behavioral Triangle



Cognitive Behavioral Play Therapy (CBPT)

- u <https://video-alexanderstreet.com.ezhost.utrgv.edu/watch/cognitive-behavioral-child-therapy>

Cognitive/Behavioral Play Therapy (CBPT)

- u Susan Knell
- u Developed specifically for children between ages 2½ to 6 years
- u Perceptions and interpretations of events are based on the child's beliefs/thoughts;
- u The belief is that experiences can alter child's perceptions in such a way that makes them less egocentric.
- u The child that experiences problems has errors in logic (Carmicheal, 2006, p.150)

Two Camps for Controlling Behavior

- u Classical Conditioning
 - Classical Extinction Techniques (good for phobias)
 - Exposure with Response Prevention (ERP)
 - Imagination/In Vivo Flooding or Graduated Expos.
 - Implosive
 - Exposure in imagination + psychodynamic interpretation of the fear
 - Counterconditioning/Reciprocal Inhibition/Stimulus Substitution
 - Systematic Desensitization
 - Create an anxiety hierarchy

Two Camps for Controlling Behavior

- u Operant Conditioning
 - Operant Extinction (e.g., mice with lever)
 - When reinforcement is withheld
 - Side effects:
 - Response Burst
 - Spontaneous Recovery
 - Behavioral Contrast--↑ in one behavior when reinforcement is withdrawn

Two Camps for Controlling Behavior

- u Operant Conditioning
 - Positive Reinforcement Techniques (↑ behavior)
 - most successful when verbal, physical prompts are used.
 - once behavior is established, fade/remove prompts
 - Premack Principle of Positive Reinforcement
 - Child is allowed to do enjoyable activity after they complete undesirable behavior. In other words, a high frequency behavior is used to reinforce a low frequency behavior.

Two Camps for Controlling Behavior

- u Operant Conditioning
 - Punishment (↓ behavior)
 - too intense can lead to habituation/loss of effectiveness
 - Response Cost
 - removal of specific reinforcers (e.g., valued item/privilege); different from Premack because here you lose, in Premack you gain.
 - Overcorrection
 - Restitution phase where you correct consequence (i.e., logical consequences)
 - Positive practice phase where child practices more desirable behavior

Two Camps for Controlling Behavior

- u Operant Conditioning
 - Combo of Punishment & Reinforcement
 - Contingency Contract/Behavioral Contract
 - Identifies target behavior, consequences, and reinforcers/rewards (i.e., Dr. Selma Yznaga's Self Manager Program)

Cognitive Techniques

- u Challenging irrational beliefs
- u Coping self-statements/affirmations
- u Bibliotherapy

CBPT Therapists' Role

(Carmicheal, 2006)

- u Focus on child's cognitive distortions/deficiencies
- u Identify and capitalize on child's strengths
- u Use experiential interventions
- u Guide themselves by measurable objectives and design interventions to meet those objectives
- u Familiar with behavioral modification techniques
- u Challenge erroneous thought patterns
- u Play an active role in child's counseling activities
- u Reinforce appropriate behaviors

CBT Play Therapy Session

- u <https://www.youtube.com/watch?v=VNHPxkT0wIq>

Group Discussion

- u What are the pros and cons of CBPT?

Cognitive Behavioral Play Therapy Vignette

- u Gaby is a six-year-old girl referred to you by her teacher because she suddenly has become disruptive in class, unable to turn in homework on time, and is displaying a lack in motivation. Prior to a month ago, Gaby was excelling in school and was very social with friends. Gaby's mother reports that her boyfriend (Gaby's biological father) abandoned the family about a month ago and that she has been unable to make any contact with him. She reports that Gaby has many questions about her fathers' absence and that she has only told Gaby that she is unsure when her father will return. When meeting with Gaby, she reports to you that her father left because he did not want her anymore. She also reports feeling as though her friends do not like her anymore and that she is being bullied. Specifically, she reports classmates calling her "fat".

"Unmask Yourself" Experiential Activity

Materials Needed: permanent markers, feathers, tissue paper, googely eyes, glitter, glue, scissors, stickers

Purpose: To increase a students' self-awareness and promote a healthy view of oneself

Instructions: Ask student to first reflect and then decorate the outside of their mask based on how they think other people see them. Then, ask them to reflect and decorate the inside of the mask based on how they see themselves. Facilitate a discussion about the similarities and differences between the two sides and ask the student which version takes less effort to lead.



Flower Pot Activity

Sometimes we break and need to be put back together.

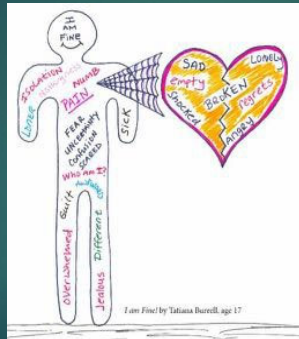
- u Break the pot, put it back together, decorate
- u Plant a flower
- u The pot is not the same, but still supports life



Body Drawing Activity

- u What are feelings?
- u WHAT do you feel and WHERE do you feel them?
- u What can we do with them?
- u Hang body drawing on the wall- throw a ball where it hurts
- u Psychosomatic symptoms- physical needs are how children get adults attention
- u A look "inside"
- u Connects the Mind and Body

Body Drawing Activity



Remember to Consider the Following When Deciding on A Theoretical Approach

- u Cognitive development of the child
- u Emotional vocabulary of the child
- u Moral Development of the child
- u Presenting concern
- u Level of support



DESIGNING YOUR OWN PLAY THERAPY IDEAS

The following set of questions can serve as a guide when designing your play therapy interventions:

1. Determine the therapeutic goal(s) with the child/family.
2. What "traditional" methods of therapy might apply to this problem/goal?
3. What does each "traditional" method in #2 aim to do?
4. How could these be made playful?
 - u Puppets or dolls?
 - u Imaginary games?
 - u Board games? (existing or made up)
 - u Artwork or craft creations?
 - u Sand tray methods?
 - u Storytelling approaches?

Remember...

- u Play is a child's natural language.
- u You do NOT have to be a Registered Play Therapist or Art Therapist to be creative in therapy.
- u The therapeutic relationship is the most important piece in therapy.

Questions

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References

- Carmichael, K. D. (2006). *Play therapy: An introduction*. Upper Saddle River, NJ: Pearson Prentice Hall.
- Gitlin-Weiner, K., Sandgrund, A., Schaefer, C. (2000). *Play Diagnosis and Assessment (2nded.)*. New York: John Wiley & Sons.
- Guernsey, L. F. (2001). Child-centered play therapy. *International Journal of Play Therapy*, 10, 13-31.
- Kottman, T. (2003). *Partners in play: An Adlerian approach to play therapy (2nd ed.)*. Alexandria, VA: American Counseling Association.
- Kottman, T. (2002). Adlerian Play Therapy. InChild Therapy with the Experts. 2. San Francisco, CA: Psychotherapy.net. [Streaming Video]. Retrieved from video.alexanderstreet.com/watch/adlerian-play-therapy database
- Landreth, G. (2002). *Play therapy: The art of the relationship (2nd ed.)*. New York: Brunner-Routledge.
- Masek, B. (2002). Cognitive-Behavioral Child Therapy. InChild Therapy with the Experts. 7. Mill Valley, CA: Psychotherapy.net. [Streaming Video]. Retrieved from video.alexanderstreet.com/watch/cognitive-behavioral-child-therapy database

References

- u Nystul, M. (1980). Nystulian play therapy: Applications of Adlerian psychology. *Elementary School Guidance & Counseling*, 15, 22-29.
- u Nystul, M. (1987). Strategies for parent-centered counseling of the young. *The Creative Child and Adult Quarterly*, 12, 103-110.
- u Riley M, Ahmed S, Locke A. "Common Questions About Oppositional Defiant Disorder." *American Family Physician* (Apr. 2016) <https://www.ncbi.nlm.nih.gov/pubmed/27635043>
- u Schnell, S. (2018). A Parent's Guide to Understanding Childhood Anxiety. Psych Central. Retrieved on January 11, 2020, from <https://psychcentral.com/blog/a-parents-guide-to-understanding-childhood-anxiety/>
- u Texas Education Agency (2018). Texas model for comprehensive school counseling programs. Retrieved from https://tea.texas.gov/sites/default/files/Pub_2018_Texas-Model_5th-Edition.pdf
- u Chess, S. & Thomas, A. (1991). Temperament and the concept of goodness of fit. In Strelau, J. & Angleitner, A. (Eds.), *Explorations in temperament: International perspectives on theory and measurement* (pp. 15-28). New York: Plenum Press.